

1 KEKER, VAN NEST & PETERS LLP  
2 LAURIE CARR MIMS - # 241584  
3 lmims@keker.com  
4 FRANCO MUZZIO - # 310618  
5 fmuzzio@keker.com  
6 DEEVA SHAH - # 319937  
7 dshah@keker.com  
8 633 Battery Street  
9 San Francisco, CA 94111-1809  
10 Telephone: 415 391 5400  
11 Facsimile: 415 397 7188

12 Attorneys for Witness LinkedIn

13 UNITED STATES DISTRICT COURT  
14 NORTHERN DISTRICT OF CALIFORNIA  
15 SAN FRANCISCO DIVISION

16 UNITED STATES OF AMERICA,

17 Plaintiff,

18 v.

19 YEVGENIY ALEKSANDROVICH  
20 NIKULIN,

21 Defendant.

Case No. CR 16-00440 WHA

**DECLARATION OF GANESH  
KRISHNAN IN SUPPORT OF MOTION  
TO MODIFY TRIAL SUBPOENA**

Judge: Hon. William H. Alsup

Date Filed: October 4, 2016

22 MAY NOT BE EXAMINED WITHOUT COURT ORDER—CONTAINS MATERIAL FROM  
23 CONDITIONALLY SEALED RECORD  
24  
25  
26  
27  
28

DECLARATION OF GANESH KRISHNAN IN SUPPORT OF  
MOTION TO MODIFY TRIAL SUBPOENA  
Case No. CR 16-00440 WHA

1 I, Ganesh Krishnan, declare:

2 1. I am a former employee of LinkedIn Corporation (“LinkedIn”) and the  
3 government has subpoenaed me to serve as a trial witness in this matter. I have knowledge of the  
4 facts set forth herein, and if called upon as a witness, I could testify to them competently under  
5 oath.

6 2. I live in the City of Fremont in Alameda County, California, with my wife and  
7 children. I was employed at LinkedIn from October 2010 to May 2016. During that time, I  
8 served as the company’s Head of Security and Privacy Engineering and was involved in the  
9 company’s investigation and response to a data breach that occurred in 2012. I understand that  
10 the government has alleged Yevgeniy Nikulin is responsible for that breach.

11 3. The government subpoenaed me to testify in Mr. Nikulin’s criminal trial on  
12 December 16, 2019. I have never met or even seen Mr. Nikulin, and I have no knowledge as to  
13 whether he is the individual responsible for the 2012 data breach that I investigated during my  
14 employment at LinkedIn.

15 4. In late December last year, I traveled to the East Coast with my family to spend the  
16 holidays in New York City. On Christmas Eve, I suffered a seizure. After my wife called  
17 9-1-1, paramedics transported me to an emergency room at Tish Hospital in Manhattan. I then  
18 underwent several hours of testing and monitoring during which doctors investigated the cause of  
19 my seizure. They were unable to make a determination as to its cause and told me that, when I  
20 returned home to California, I would need to have follow-up appointment(s) with a neurologist to  
21 undergo further testing, including an assessment as to whether I have epilepsy.

22 5. I am attaching the medical report that I received upon my discharge from the  
23 hospital as **Exhibit A** to this declaration. The report confirms that I suffered a new onset seizure  
24 of “unknown cause” and instructs me to schedule an appointment with a neurologist as soon as  
25 possible. The report also notes that, because seizures are “not predictable,” I should avoid doing  
26 anything that could harm to me or another person if I were to suffer another seizure.

27 6. On February 10, 2020, I visited a neurologist to evaluate my medical condition and  
28 find out why I had a seizure in December. The neurologist recommended that I undergo high-

1 resolution magnetic resonance imaging (MRI) and electroencephalogram (EEG) examinations of  
2 my brain. I was in the process of scheduling the examinations in mid-March when local  
3 governments issued shelter-in-place orders in response to the COVID-19 crisis. I expect to  
4 complete the examinations as soon as the shelter orders are lifted.

5 7. Before my experience in December, I had never had a seizure. The experience has  
6 caused a great deal of concern and stress for me and my family. Since the outbreak of COVID-  
7 19, my concern regarding my undiagnosed medical condition has grown significantly.

8 8. Recent guidance from the CDC identifies “epilepsy” and “seizure disorders” as  
9 underlying medical conditions that may increase the risk of severe harm from COVID-19. I am  
10 including a recent CDC report on this issue as **Exhibit B** to this declaration. I am particularly at  
11 risk of serious complications due to my medical condition given that it has not yet been fully  
12 diagnosed and therefore I do not have access to seizure-preventing medication.

13 9. Furthermore, a report from the Mayo Clinic, which I am including as **Exhibit C**,  
14 suggests that individuals that have neurological conditions like epilepsy are also “susceptible to  
15 increased seizures as a result of growing stress and anxiety over the pandemic.” I believe that the  
16 stress caused by having to testify in a public courthouse during this pandemic could cause me to  
17 suffer another seizure.

18 10. Given these circumstances and my current health condition, my neurologist  
19 informed me that I should avoid travel and public gatherings “while the shelter in place orders are  
20 in effect during this pandemic” when I reached out to him regarding the possibility of me  
21 testifying before the local shelter orders are lifted. I am including copies of my recent  
22 communications with my neurologist as **Exhibit D** to this declaration.


23 11. Due to my concerns regarding my health, I have strictly followed the applicable  
24 shelter-in-place orders since their issuance in mid-March. I have avoided all unnecessary travel  
25 outside of my home and all public gatherings of any form. I am currently terrified that I could  
26 potentially expose myself to the coronavirus by traveling to a courthouse in San Francisco and  
27 testifying publicly during the current pandemic. I am also extremely concerned that I could  
28

1 become a carrier of the coronavirus and unknowingly transmit it to my wife and school-aged  
2 children.

3 12. I am aware that the Government intends to request that I give testimony in this  
4 case through a remote deposition instead of requiring me to come to the courthouse in person.  
5 This is my preference because it would allow me to avoid the risks associated with COVID-19  
6 while also alleviating the stress that this situation has caused as soon as possible. Alternatively, I  
7 would also be willing to testify at the trial remotely through the Zoom videoconferencing  
8 program.

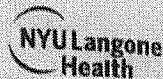
9  
10 Executed on April 16, 2020, in Fremont, California.

11 I declare under penalty of perjury that the foregoing is true and correct.

12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
  
GANESH KRISHNAN



# **Exhibit A**



## AFTER VISIT SUMMARY

**Ganesh Krishnan** DoB: 9/6/1974 12/24/2019 Tisch Hospital - Perelman Emergency Department 212-263-5550  
Emergency Department Follow-Up & Care Transition Center 212-263-6695

### Instructions

Your personalized instructions can be found at the end of this document.



**Schedule an appointment with A neurologist as soon as possible for a visit**  
Contact: When you return home

### What's Next

You currently have no upcoming appointments scheduled.

### Patient Demographics

Address	Phone	E-mail Address
575 Yampa Way FREMONT CA 94539	650-906-7812 (Home) 650-906-7812 (Mobile)	drivingmachine@gmail.com

### Emergency Department Treatment Team

1. Leonard Victor Penacerrada, MD
2. Leah M Nagorsky, PA

### Follow Up Call

You will get a call from our Emergency Department (ED) Follow-Up & Care Transition Center. They will talk with you about your visit to the ED. If you have any questions about your discharge instructions, please call us between 9 am and 7 pm at **212-263-6696** or **212-263-6695**.

### Your Medication List

You have not been prescribed any medications.

### Today's Visit

#### Diagnosis

Seizure

#### Lab Tests Completed

BASIC METABOLIC PANEL  
CBC WITH DIFFERENTIAL  
HEPATIC PANEL  
LIPASE  
POCT GLUCOSE  
POCT VENOUS BLOOD GAS WITH  
LACTATE  
TROPONIN I

#### Imaging Tests

CT HEAD WITHOUT IV CONTRAST

#### Medications Given

sodium chloride 0.9 % (NS) Stopped  
at 7:50 PM

#### Your End of Visit Vitals

Blood Pressure 128/75	Temperature (Oral) 98.1 °F
Pulse 88	Respiration 18
Oxygen Saturation 98%	



## Instructions

### Seizure: New Onset with Unknown Cause (Adult)

You have had a seizure. A seizure happens when a burst of random, uncontrolled electrical activity occurs in the brain. It can have many causes. Often it is not possible to figure out the exact cause of a seizure from a single exam and you may need other tests. Having a single seizure does not mean that you will continue to have seizures or that you have epilepsy. However, until your healthcare providers know the cause of your seizure, you should assume that another seizure is possible.

#### Home care

Follow these tips when caring for yourself at home.

- Seizures are not predictable so avoid doing anything that might cause harm to you or other people if you have another seizure.
- Do not drive, ride a bike or operate dangerous equipment.
- Do not take a bath alone. Take a shower instead.
- Do not swim alone until your healthcare provider says that you are no longer in danger of having another seizure.
- Do not drive, ride a bike or operate dangerous equipment.
- Do not take a bath alone. Take a shower instead.
- Do not swim alone until your healthcare provider says that you are no longer in danger of having another seizure.
- Follow a regular sleep schedule so that you get about 6 to 8 hours of restful sleep every night. This is especially important when you are sick and have a cold, flu, or another type of infection.
- If medicine was prescribed to prevent seizures, take it exactly as directed. It does not work when taken "as needed." Missing doses will increase the risk of having another seizure.
- Tell your close friends and relatives about your seizure. Teach them what to do for you if it happens again.
- Do not drink alcoholic beverages until your doctor says it is okay. **Do not ever use recreational drugs.**

#### For future seizures, if you are alone:

- If you feel a seizure coming on, lie down on a bed or on the floor with something soft under your head. This will keep you from falling.
- Lie on your left side, not on your back. This will let fluid drain out of your mouth and prevent choking.
- Be sure you are clear of any objects that might injure you during the seizure.
- **Call 911 if there is time.**

#### For future seizures, if someone is with you:

- The person should help you get into a safe position and call 911.
- The person should not try to force anything in your mouth once the seizure begins. This could harm your teeth or jaw.
- After a seizure, you may be drowsy or confused. The person should stay with you until you are fully awake.
- The person should not offer you anything to eat or drink during that time.
- **Call 911 or go to the emergency department** so that you can be examined.

#### Follow-up care

- Follow up with your healthcare provider, or as advised. You may need other tests to help figure out what caused your seizure. These tests may include brain wave tests (EEG) or brain scans (MRI or CT scans).
- Keep a seizure calendar to record how often you have a seizure.
- If you are being started on anti-seizure medicine and are on birth control pills, make sure you speak with your healthcare provider as some of the birth control pills are not effective when taken with anti-seizure medication.



- your birth control pill may need to be adjusted or changed or you may need to change birth control methods as you could become pregnant. Use additional birth control protection methods until you speak with your healthcare provider.
- Do not drink alcohol until your doctor tells you it is OK. Do not ever use recreational drugs.
- **Note: For the safety of yourself and others on the road, certain states require that the treating healthcare provider tell the Public Health Department about any adult who is treated for a seizure and is at risk of more seizures. In this case, the department of motor vehicles will be told. A restriction will be put on your driver's license until a doctor gives you medical clearance to drive again. Contact your healthcare provider to find out if your state requires the reporting of patients with a seizure condition.**

#### When to seek medical advice

Call your healthcare provider right away if any of these occur:

- Seizures that happen more often or last longer than usual
- A seizure that lasts over 5 minutes
- You do not wake up between seizures
- Confusion that lasts more than 30 minutes after a seizure
- Injury during a seizure
- Fever of 100.4°F (38°C) or higher, or as directed by your healthcare provider
- Unusual irritability, drowsiness, or confusion
- Headache that gets worse
- Stiff or painful neck

© 2000-2019 The StayWell Company, LLC. 800 Township Line Road, Yardley, PA 19067. All rights reserved. This information is not intended as a substitute for professional medical care. Always follow your healthcare professional's instructions.

### First Aid: Seizures

A seizure results from a sudden rush of abnormal electrical signals in the brain. Symptoms may range from a minor daze to uncontrollable muscle spasms (convulsions). In many cases, the victim will lose consciousness. A seizure can be caused by a high fever, head injury, drug reaction, or condition such as epilepsy.

#### Step 1. Protect the head

- Help the victim to the floor if he or she begins losing muscle control. Turn the person on his or her side to prevent choking.
- Protect the victim's head from injury by placing something soft, such as folded clothes, beneath it, and by moving objects away from the victim.
- Don't cause injury by restraining the person or by placing anything in his or her mouth.
- Remove eyeglasses.

#### Step 2. Preserve dignity

- Clear away bystanders.
- Reassure the victim, who may be confused, drowsy, or hostile when coming out of the seizure.
- Cover the person or provide dry clothes if muscle spasms have caused a loss of bladder control.



**Step 3. Check for injury**

- Make sure the victim's mental state has returned to normal. One way to do this is to ask the person his or her name, the year, and your location.
- Injuries can occur to the head, mouth, tongue, or body.

**Step 4. Call 911**

- If the seizure lasts longer than 5 minutes. Timing the seizure and recovery time is helpful in many cases.
- If a second seizure occurs.
- If the victim doesn't regain consciousness.
- If the victim is pregnant.
- If the victim has no history of seizures.
- If the person has sustained an injury during the seizure. If the injury is not severe or life threatening, it may be more appropriate to seek treatment with the primary care provider.

Date Last Reviewed: 10/19/2015

© 2000-2017 The StayWell Company, LLC. 800 Township Line Road, Yardley, PA 19067. All rights reserved. This information is not intended as a substitute for professional medical care. Always follow your healthcare professional's instructions.

**Allergies as of 12/24/2019**

No Known Allergies

**Results****BASIC METABOLIC PANEL**

Component	Value	Standard Range & Units
SODIUM	142	136 - 145 mmol/L
POTASSIUM	4.3	3.5 - 4.8 mmol/L
CHLORIDE	109	98 - 107 mmol/L
CARBON DIOXIDE	20	22 - 29 mmol/L
BLOOD UREA NITROGEN	20	8 - 26 mg/dL
CREATININE	1.28	0.7 - 1.3 mg/dL
GLUCOSE	98	70 - 100 mg/dL
CALCIUM	9.2	8.4 - 10.2 mg/dL
EGFR MDRD NON AFRICAN AMERICAN	>60.0	>60 ml/min/1.73m <sup>2</sup>
EGFR MDRD AFRICAN AMERICAN	>60.0	>60 ml/min/1.73m <sup>2</sup>
ANION GAP	13	6 - 14 mmol/L

Performed by NYU Langone Hospitals, Tisch Hospital Clinical Labs, 560 First Avenue, NY, NY, 10016. Director: Maria E. Aguero Rosenfeld MD.

**HEPATIC PANEL**

Component	Value	Standard Range & Units
PROTEIN, TOTAL	7.6	6.7 - 8.6 g/dL
BILIRUBIN DIRECT	0.1	0 - 0.5 mg/dL



Component	Value	Standard Range & Units
ALBUMIN	4.1	3.5 - 5.2 g/dL
AST	23	5 - 34 U/L
ALKALINE PHOSPHATASE	66	40 - 150 U/L
BILIRUBIN TOTAL	0.2	0.2 - 1.2 mg/dL
ALT	24	0 - 50 U/L

Performed by NYU Langone Hospitals, Tisch Hospital Clinical Labs. 560 First Avenue, NY, NY, 10016. Director: Maria E. Aguero Rosenfeld MD.

LIPASE Component	Value	Standard Range & Units
LIPASE	41	0 - 78 U/L

(NOTE)

\*New assay method and reference range  
Performed by NYU Langone Hospitals, Tisch Hospital Clinical Labs. 560 First Avenue, NY, NY, 10016. Director: Maria E. Aguero Rosenfeld MD.

TROPONIN I Component	Value	Standard Range & Units
TROPONIN I	<0.01	<0.04 ng/mL

(NOTE)

The term myocardial infarction should be used when there is evidence of myocardial necrosis in a clinical setting consistent with myocardial ischaemia. Diagnosis of AMI requires a rise and/or fall in troponin with at least one of the following:

1. Symptoms of ischaemia.
2. ECG changes indicating new ischaemia (new ST-T changes or new left bundle branch block).
3. Development of pathological Q waves in the ECG.
4. Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

Performed by NYU Langone Hospitals, Tisch Hospital Clinical Labs. 560 First Avenue, NY, NY, 10016. Director: Maria E. Aguero Rosenfeld MD.

CBC WITH DIFFERENTIAL Component	Value	Standard Range & Units
WHITE BLOOD CELL COUNT	7.6	4.2 - 9.1 $10^3$ /uL
NUCLEATED RED BLOOD CELLS %	0	0.0 - 0.2 /100WBC
NUCLEATED RBC, ABSOLUTE	0.0	0.0 - 0.01 $10^3$ /uL
RED BLOOD CELL COUNT	5.23	4.60 - 6.00 $10^6$ /uL
HEMOGLOBIN	14.7	13.7 - 17.5 g/dL
HEMATOCRIT	44.1	40 - 51 %
MEAN CORPUSCULAR VOLUME	84.3	79 - 92 fL
MEAN CORPUSCULAR HEMOGLOBIN	28.1	26.0 - 32.0 pg
MEAN CORPUSCULAR HEMOGLOBIN CONC	33.3	32.0 - 36.0 g/dL
RDW-CV	12.7	11.6 - 14.4 %
RDW-SD	38.8	35.1 - 43.9 fL
PLATELET COUNT	270	150 - 400 $10^3$ /uL
MEAN PLATELET VOLUME	10.7	9.4 - 12.3 fL
DIFFERENTIAL TYPE	AUTOMATED	
NEUTROPHILS %	46	34 - 68 %
LYMPHOCYTES %	37	22 - 53 %
MONOCYTES %	7	5 - 12 %



Component	Value	Standard Range & Units
EOSINOPHILS %	9	1 - 7 %
BASOPHILS %	1	0 - 1 %
GRANULOCYTES, IMMATURE % (NOTE)	0	0 %
Immature Grans = Metamyelocytes, Myelocytes and Promyelocytes.		
NEUTROPHILS ABSOLUTE	3.5	1.8 - 5.4 $10^3/\text{ul}$
LYMPHOCYTES ABSOLUTE	2.8	1.3 - 3.6 $10^3/\text{ul}$
MONOCYTES ABSOLUTE	0.5	0.3 - 0.8 $10^3/\text{ul}$
EOSINOPHILS, ABSOLUTE	0.7	0.0 - 0.5 $10^3/\text{ul}$
BASOPHILS ABSOLUTE	0.0	0 - 0.1 $10^3/\text{ul}$
GRANULOCYTES IMMATURE, ABSOLUTE	0.0	0 $10^3/\text{ul}$

Performed by NYU Langone Hospitals, Tisch Hospital Clinical Labs, 560 First Avenue, NY, NY, 10016. Director: Maria E. Aquero-Rosenfeld MD.

### CT HEAD WITHOUT IV CONTRAST

#### Study Result

CLINICAL INDICATION: Syncope.

TECHNIQUE: CT of the head was performed without the administration of intravenous contrast.

COMPARISON: None.

#### FINDINGS:

No acute territorial infarction, acute intracranial hemorrhage or mass effect.

No hydrocephalus. No extra-axial fluid collections.

The visualized intraorbital contents are normal. Mild inflammatory mucosal thickening of the left sphenoid sinus. The mastoid air cells are clear. The visualized soft tissues and osseous structures appear normal.

Electronic Signature: I personally reviewed the images and agree with this report. Final Report: Dictated by and Signed by Attending Joseph Boonsiri MD 12/24/2019 7:24 PM

#### IMPRESSION:

No acute intracranial CT findings.

The examination was reviewed at 12/24/2019 7:21 PM by Attending Joseph Boonsiri MD.

If you feel that any of the information in this summary is inaccurate, please talk with your healthcare provider.

### Information About Medication Safety

It is important to keep an updated record of the medications you are taking, and to bring this updated list of medications every time you visit your Health Care Provider and when you come to the hospital. We want to help you in managing your medications safely after your visit or discharge. This includes the potential side effects of your



ications. If you have any questions regarding the medications you are taking, please speak to your Health Care Provider or Pharmacist.

## Finding a Physician Within NYU Langone Health

As one of the nation's premier academic medical centers, NYU Langone Health is devoted to excellence in patient care, education, and research. We are proud that our care team includes leading specialists for every condition.

Should you need assistance finding a physician or service, please visit us on our website at <https://nyulangone.org/doctors>.

To reach us by phone:

NYU Langone Physician Referral Services – (855) 314-2978

NYU Langone Orthopedic Hospital – (888) 453-3627

Family Health Centers at NYU Langone – (718) 630-7942

Additional resources include:

National Suicide Prevention Hotline – (800) 273-8255

NYC Suicide Hotline – (888) 692-9355

## Have questions about your bills?

Our physician and hospital customer service representatives are available to answer any billing questions.

Physician Billing: 1 - 877 - 648 - 2964

Hospital Billing: 1 - 800 - 237 - 6977

## NYU Financial Counseling Service

Patient Financial Counselors are available to discuss any outstanding financial responsibilities not covered by insurance. Financial Counselors can assist you in applying for Government-sponsored programs or NYU Hospitals Center's Financial Assistance program.

Location: Skirball Institute lobby, across from the cashier, Tisch Hospital

Hours: Monday - Friday, 9:00 AM - 5:00 PM

Toll Free Telephone: 1-866-486-9847

## Please come back to the Emergency Department if:

- You do not feel better
- You feel worse
- You have any other medical concerns
- Please make sure you follow-up with your regular physician



NYU Langone Health | (212) 263-7300

### Virtual Urgent Care

You can easily receive care and treatment from our world-class doctors right from your phone or tablet. NYU Langone's Virtual Urgent Care offers convenient video visits for a range of non-emergency health issues from the comfort of your own home or office. The service is available 7 days a week for patients located in New York, New Jersey, Connecticut, and Pennsylvania. Download the NYU Langone Health mobile app or visit our website to learn more: [www.nyulangone.org/virtualurgentcare](http://www.nyulangone.org/virtualurgentcare)

### Important Notice To All Patients

The examination and treatment(s) you received in our Emergency Department have been rendered on an emergency bases and in some instances will not substitute for definitive and ongoing evaluation and medical treatment. It is essential that you make arrangements for follow-up care with your physician/clinic you have been referred to, as instructed. Report any new or remaining problems at that time because it is impossible to recognize and treat all elements of injury or disease in a single Emergency Department visit. Significant changes or worsening of your symptoms may require more immediate attention. If your symptoms persist, worsen or change, you need to see your physician or the referral physician. If they are unavailable or if you feel you cannot wait to be seen, return to the Emergency Department. Our department is always open and available if you feel the need to be seen and evaluated.

Please ensure that the contact information provided upon Emergency Department registration is accurate in case the need should arise for us to contact you. For information and further instructions on obtaining your medical records, including results and final radiology reports, access your MyChart account.

### Radiology Disclaimer

If you had an X-ray, CAT scan, Ultrasound or MRI today, the Emergency Department (ED) interpretation may have been a preliminary reading. A radiology specialist will formally review the exam by the next day following your ED visit. If there is a discrepancy or a change from today's Emergency department reading, you will be notified. In addition, due to the complexities of radiologic examinations, the radiologist's final report may note incidental findings that were not noted during your ED visit. Incidental findings are findings that are discovered, which do not necessarily have clinical significance but may require further evaluation. We suggest you view your images and final radiology report by accessing your MyChart account.

### MyChart at NYU Langone

We encourage you to sign up for NYU Langone Health MyChart, where you can send a secure message to your physician's office, view your test results, renew prescriptions, schedule appointments, make payments and more.

To enroll, please visit <https://mychart.nyulmc.org> and complete the MyChart Account Verification Form. You will then receive an email with instructions on how to activate your account. For technical support, please call us at 866-262-6458.



**Signatures**

Signature: \_\_\_\_\_ Time: \_\_\_\_\_

Signature of Discharging Clinician \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name of Discharging Clinician \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Ganesh Krishnan (MRN: 14512638) (CSN: 779357050) • Printed by [KICZAD01] at 12/24/19 7:50 PM Page 9 of 9 **Epic**



# **Exhibit B**

# Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission

## Background

When a novel virus with pandemic potential emerges, nonpharmaceutical interventions, which will be called community mitigation strategies in this document, often are the most readily available interventions to help slow transmission of the virus in communities. Community mitigation is a set of actions that persons and communities can take to help slow the spread of respiratory virus infections. Community mitigation is especially important before a vaccine or drug becomes widely available.

The following is a framework for actions which local and state health departments can recommend in their community to both prepare for and mitigate community transmission of COVID-19 in the United States. Selection and implementation of these actions should be guided by the local characteristics of disease transmission, demographics, and public health and healthcare system capacity.

## Goals

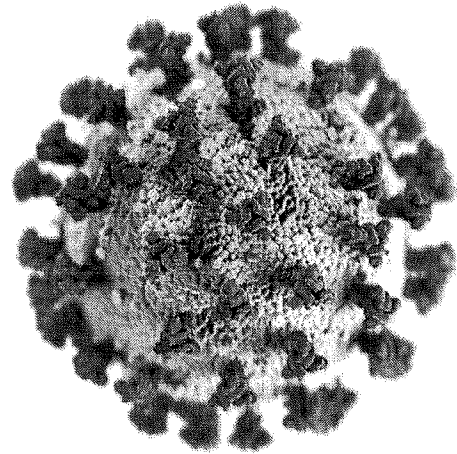
The goals for using mitigation strategies in communities with local COVID-19 transmission are to slow the transmission of disease and in particular to protect:

- Individuals at increased risk for severe illness, including older adults and persons of any age with underlying health conditions (See Appendix A)
- The healthcare and critical infrastructure workforces

These approaches are used to minimize morbidity and mortality and the social and economic impacts of COVID-19. Individuals, communities, businesses, and healthcare organizations are all part of a community mitigation strategy. These strategies should be implemented to prepare for and when there is evidence of community transmission. Signals of ongoing community transmission may include detection of confirmed cases of COVID-19 with no epidemiologic link to travelers or known cases, or more than three generations of transmission.

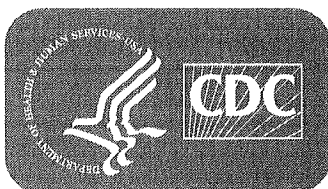
Implementation is based on:

- Emphasizing individual responsibility for implementing recommended personal-level actions
- Empowering businesses, schools, and community organizations to implement recommended actions, particularly in ways that protect persons at increased risk of severe illness
- Focusing on settings that provide critical infrastructure or services to individuals at increased risk of severe illness
- Minimizing disruptions to daily life to the extent possible



## Guiding principles

- Each community is unique, and appropriate mitigation strategies will vary based on the level of community transmission, characteristics of the community and their populations, and the local capacity to implement strategies (Table 1).
- Consider all aspects of a community that might be impacted, including populations most vulnerable to severe illness and those that may be more impacted socially or economically, and select appropriate actions.
- Mitigation strategies can be scaled up or down depending on the evolving local situation.
- When developing mitigation plans, communities should identify ways to ensure the safety and social well-being of groups that may be especially impacted by mitigation strategies, including individuals at increased risk for severe illness.
- Activation of community emergency plans is critical for the implementation of mitigation strategies. These plans may provide additional authorities and coordination needed for interventions to be implemented (Table 2).
- Activities in Table 2 may be implemented at any time regardless of the level of community transmission based on guidance from local and state health officials.
- The level of activities implemented may vary across the settings described in Table 2 (e.g., they may be at a minimal/moderate level for one setting and at a substantial level for another setting in order to meet community response needs).
- Depending on the level of community spread, local and state public health departments may need to implement mitigation strategies for public health functions to identify cases and conduct contact tracing (Table 3). When applied, community mitigation efforts may help facilitate public health activities like contact tracing



For more information: [www.cdc.gov/COVID19](https://www.cdc.gov/COVID19)

**Table 1. Local Factors to Consider for Determining Mitigation Strategies**

Factor	Characteristics
Epidemiology	<ul style="list-style-type: none"> <li>• Level of community transmission (see Table 3)</li> <li>• Number and type of outbreaks (e.g., nursing homes, schools, etc.)</li> <li>• Impact of the outbreaks on delivery of healthcare or other critical infrastructure or services</li> <li>• Epidemiology in surrounding jurisdictions</li> </ul>
Community Characteristics	<ul style="list-style-type: none"> <li>• Size of community and population density</li> <li>• Level of community engagement/support</li> <li>• Size and characteristics of vulnerable populations</li> <li>• Access to healthcare</li> <li>• Transportation (e.g., public, walking)</li> <li>• Planned large events</li> <li>• Relationship of community to other communities (e.g., transportation hub, tourist destination, etc.)</li> </ul>
Healthcare capacity	<ul style="list-style-type: none"> <li>• Healthcare workforce</li> <li>• Number of healthcare facilities (including ancillary healthcare facilities)</li> <li>• Testing capacity</li> <li>• Intensive care capacity</li> <li>• Availability of personal protective equipment (PPE)</li> </ul>
Public health capacity	<ul style="list-style-type: none"> <li>• Public health workforce and availability of resources to implement strategies</li> <li>• Available support from other state/local government agencies and partner organizations</li> </ul>



Table 2. Community mitigation strategies by setting and by level of community transmission or impact of COVID-19

Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting		
Factor	None to Minimal	Minimal to moderate
<b>Individuals and Families at Home</b> “What you can do to prepare, if you or a family member gets ill, or if your community experiences spread of COVID-19”	<ul style="list-style-type: none"> <li>• Know where to find local information on COVID-19 and local trends of COVID-19 cases.</li> <li>• Know the signs and symptoms of COVID-19 and what to do if symptomatic:               <ul style="list-style-type: none"> <li>» Stay home when you are sick</li> <li>» Call your health care provider’s office in advance of a visit</li> <li>» Limit movement in the community</li> <li>» Limit visitors</li> </ul> </li> <li>• Know what additional measures those at high-risk and who are vulnerable should take.</li> <li>• Implement personal protective measures (e.g., stay home when sick, handwashing, respiratory etiquette, clean frequently touched surfaces daily).</li> <li>• Create a household plan of action in case of illness in the household or disruption of daily activities due to COVID-19 in the community.               <ul style="list-style-type: none"> <li>» Consider 2-week supply of prescription and over the counter medications, food and other essentials. Know how to get food delivered if possible.</li> <li>» Establish ways to communicate with others (e.g., family, friends, co-workers).</li> <li>» Establish plans to telework, what to do about childcare needs, how to adapt to cancellation of events.</li> </ul> </li> <li>• Know about emergency operations plans for schools/workplaces of household members.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to monitor local information about COVID-19 in your community.</li> <li>• Continue to practice personal protective measures.</li> <li>• Continue to put household plan into action.</li> <li>• Individuals at increased risk of severe illness should consider staying at home and avoiding gatherings or other situations of potential exposures, including travel.</li> </ul>
		<b>Substantial</b> <ul style="list-style-type: none"> <li>• Continue to monitor local information.</li> <li>• Continue to practice personal protective measures.</li> <li>• Continue to put household plan into place.</li> <li>• All individuals should limit community movement and adapt to disruptions in routine activities (e.g., school and/or work closures) according to guidance from local officials.</li> </ul>



Factor	Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting	
None to Minimal	Minimal to moderate	Substantial
<p><b>Schools/childcare</b>            "What childcare facilities, K-12 schools, and colleges and universities can do to prepare for COVID-19, if the school or facility has cases of COVID-19, or if the community is experiencing spread of COVID-19"</p>	<ul style="list-style-type: none"> <li>• Know where to find local information on COVID-19 and local trends of COVID-19 cases.</li> <li>• Know the signs and symptoms of COVID-19 and what to do if students or staff become symptomatic at school/childcare site.</li> <li>• Review and update emergency operations plan (including implementation of social distancing measures, distance learning if feasible) or develop plan if one is not available.</li> <li>• Evaluate whether there are students or staff who are at increased risk of severe illness and develop plans for them to continue to work or receive educational services if there is moderate levels of COVID-19 transmission or impact.               <ul style="list-style-type: none"> <li>» Parents of children at increased risk for severe illness should discuss with their health care provider whether those students should stay home in case of school or community spread.</li> <li>» Staff at increased risk for severe illness should have a plan to stay home if there are school-based cases or community spread.</li> </ul> </li> <li>• Encourage staff and students to stay home when sick and notify school administrators of illness (schools should provide non-punitive sick leave options to allow staff to stay home when ill).</li> <li>• Encourage personal protective measures among staff/students (e.g., stay home when sick, handwashing, respiratory etiquette).</li> <li>• Clean and disinfect frequently touched surfaces daily.</li> <li>• Ensure hand hygiene supplies are readily available in buildings.</li> </ul>	<ul style="list-style-type: none"> <li>• Broader and/or longer-term school dismissals, either as a preventive measure or because of staff and/or student absenteeism.</li> <li>• Cancellation of school-associated congregations, particularly those with participation of high-risk individuals.</li> <li>• Implement distance learning if feasible.</li> </ul>

Factor	None to Minimal	Minimal to moderate	Substantial
<p><b>Assisted living facilities, senior living facilities and adult day programs</b></p> <p>“What facilities can do to prepare for COVID-19, if the facility has cases of COVID-19, or if the community is experiencing spread of COVID-19”</p>	<ul style="list-style-type: none"> <li>• Know where to find local information on COVID-19.</li> <li>• Know the signs and symptoms of COVID-19 and what to do if clients/residents or staff become symptomatic.</li> <li>• Review and update emergency operations plan (including implementation of social distancing measures) or develop a plan if one is not available.</li> <li>• Encourage personal protective measures among staff, residents and clients who live elsewhere (e.g., stay home or in residences when sick, handwashing, respiratory etiquette).</li> <li>• Clean frequently touched surfaces daily.</li> <li>• Ensure hand hygiene supplies are readily available in all buildings.</li> </ul>	<ul style="list-style-type: none"> <li>• Implement social distancing measures:               <ul style="list-style-type: none"> <li>» Reduce large gatherings (e.g., group social events)</li> <li>» Alter schedules to reduce mixing (e.g., stagger meal, activity, arrival/departure times)</li> <li>» Limit programs with external staff</li> <li>» Consider having residents stay in facility and limit exposure to the general community</li> <li>» Limit visitors, implement screening</li> </ul> </li> <li>• Temperature and respiratory symptom screening of attendees, staff, and visitors.</li> <li>• Short-term closures as needed (e.g., if cases in staff, residents or clients who live elsewhere) for cleaning and contact tracing.</li> </ul>	<ul style="list-style-type: none"> <li>• Longer-term closure or quarantine of facility.</li> <li>• Restrict or limit visitor access (e.g., maximum of 1 per day).</li> </ul>

Factor	Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting		
	None to Minimal	Minimal to moderate	Substantial
<p><b>Workplace</b></p> <p>"What workplaces can do to prepare for COVID-19, if the workplace has cases of COVID-19, or if the community is experiencing spread of COVID-19"</p>	<ul style="list-style-type: none"> <li>• Know where to find local information on COVID-19 and local trends of COVID-19 cases.</li> <li>• Know the signs and symptoms of COVID-19 and what to do if staff become symptomatic at the worksite.</li> <li>• Review, update, or develop workplace plans to include:             <ul style="list-style-type: none"> <li>» Liberal leave and telework policies</li> <li>» Consider 7-day leave policies for people with COVID-19 symptoms</li> <li>» Consider alternate team approaches for work schedules.</li> </ul> </li> <li>• Encourage employees to stay home and notify workplace administrators when sick (workplaces should provide non-punitive sick leave options to allow staff to stay home when ill).</li> <li>• Encourage personal protective measures among staff (e.g., stay home when sick, handwashing, respiratory etiquette).</li> <li>• Clean and disinfect frequently touched surfaces daily.</li> <li>• Ensure hand hygiene supplies are readily available in building.</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage staff to telework (when feasible), particularly individuals at increased risk of severe illness.</li> <li>• Implement social distancing measures:             <ul style="list-style-type: none"> <li>» Increasing physical space between workers at the worksite</li> <li>» Staggering work schedules</li> <li>» Decreasing social contacts in the workplace (e.g., limit in-person meetings, meeting for lunch in a break room, etc.)</li> </ul> </li> <li>• Limit large work-related gatherings (e.g., staff meetings, after-work functions).</li> <li>• Limit non-essential work travel.</li> <li>• Consider regular health checks (e.g., temperature and respiratory symptom screening) of staff and visitors entering buildings (if feasible).</li> </ul>	<ul style="list-style-type: none"> <li>• Implement extended telework arrangements (when feasible).</li> <li>• Ensure flexible leave policies for staff who need to stay home due to school/childcare dismissals.</li> <li>• Cancel non-essential work travel.</li> <li>• Cancel work-sponsored conferences, trade shows, etc.</li> </ul>



Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting			
Factor	None to Minimal	Minimal to moderate	
Community and faith-based organizations "What organizations can do to prepare for COVID-19, if the organizations has cases of COVID-19, or if the community is experiencing spread of COVID-19?"	<ul style="list-style-type: none"><li>• Know where to find local information on COVID-19 and local trends of COVID-19 cases.</li><li>• Know the signs and symptoms of COVID-19 and what to do if organization members/staff become symptomatic.</li><li>• Identify safe ways to serve those that are at high risk or vulnerable (outreach, assistance, etc.).</li><li>• Review, update, or develop emergency plans for the organization, especially consideration for individuals at increased risk of severe illness.</li><li>• Encourage staff and members to stay home and notify organization administrators of illness when sick.</li><li>• Encourage personal protective measures among organization/members and staff (e.g., stay home when sick, handwashing, respiratory etiquette).</li><li>• Clean frequently touched surfaces at organization gathering points daily.</li><li>• Ensure hand hygiene supplies are readily available in building.</li></ul>	<ul style="list-style-type: none"><li>• Implement social distancing measures:<ul style="list-style-type: none"><li>» Reduce activities (e.g., group congregation, religious services), especially for organizations with individuals at increased risk of severe illness.</li><li>» Consider offering video/audio of events.</li></ul></li><li>• Determine ways to continue providing support services to individuals at increased risk of severe disease (services, meals, checking in) while limiting group settings and exposures.</li><li>• Cancel large gatherings (e.g., &gt;250 people, though threshold is at the discretion of the community) or move to smaller groupings.</li><li>• For organizations that serve high-risk populations, cancel gatherings of more than 10 people.</li></ul>	<ul style="list-style-type: none"><li>• Cancel community and faith-based gatherings of any size.</li></ul>
	Substantial		

Factor	Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting		
Healthcare settings and healthcare provider (includes outpatient, nursing homes/long-term care facilities, inpatient, telehealth) "What healthcare settings including nursing homes/long-term care facilities, can do to prepare for COVID-19, if the facilities has cases of COVID-19, or if the community is experiencing spread of COVID-19"	None to Minimal	Minimal to moderate	Substantial
<p>Healthcare settings and healthcare provider (includes outpatient, nursing homes/long-term care facilities, inpatient, telehealth) "What healthcare settings including nursing homes/long-term care facilities, can do to prepare for COVID-19, if the facilities has cases of COVID-19, or if the community is experiencing spread of COVID-19"</p>	<ul style="list-style-type: none"> <li>• Provide healthcare personnel (HCP), including staff at nursing homes and long-term care facilities) and systems with tools and guidance needed to support their decisions to care for patients at home (or in nursing homes/long-term care facilities).</li> <li>• Develop systems for phone triage and telemedicine to reduce unnecessary healthcare visits.</li> <li>• Assess facility infection control programs; assess personal protective equipment (PPE) supplies and optimize PPE use.</li> <li>• Assess plans for monitoring of HCP and plans for increasing numbers of HCP if needed.</li> <li>• Assess visitor policies.</li> <li>• Assess HCP sick leave policies (healthcare facilities should provide non-punitive sick leave options to allow HCP to stay home when ill).</li> <li>• Encourage HCP to stay home and notify healthcare facility administrators when sick.</li> <li>• In conjunction with local health department, identify exposed HCP, and implement recommended monitoring and work restrictions.</li> <li>• Implement triage prior to entering facilities to rapidly identify and isolate patients with respiratory illness (e.g., phone triage before patient arrival, triage upon arrival).</li> </ul>	<ul style="list-style-type: none"> <li>• Implement changes to visitor policies to further limit exposures to HCP, residents, and patients. Changes could include temperature/symptom checks for visitors, limiting visitor movement in the facility, etc.</li> <li>• Implement triage before entering facilities (e.g., parking lot triage, front door), phone triage, and telemedicine to limit unnecessary healthcare visits.</li> <li>• Actively monitor absenteeism and respiratory illness among HCP and patients.</li> <li>• Actively monitor PPE supplies.</li> <li>• Establish processes to evaluate and test large numbers of patients and HCP with respiratory symptoms (e.g., designated clinic, surge tent).</li> <li>• Consider allowing asymptomatic exposed HCP to work while wearing a facemask.</li> <li>• Begin to cross train HCP for working in other units in anticipation of staffing shortages.</li> </ul>	<ul style="list-style-type: none"> <li>• Restrict or limit visitors (e.g., maximum of 1 per day) to reduce facility-based transmission.</li> <li>• Identify areas of operations that may be subject to alternative standards of care and implement necessary changes (e.g., allowing mildly symptomatic HCP to work while wearing a facemask).</li> <li>• Cancel elective and non-urgent procedures</li> <li>• Establish cohort units or facilities for large numbers of patients.</li> <li>• Consider requiring all HCP to wear a facemask when in the facility depending on supply.</li> </ul>

**Table 3. Potential mitigation strategies for public health functions**

Public health control activities by level of COVID-19 community transmission		
None to Minimal	Minimal to Moderate	Substantial
Evidence of isolated cases or limited community transmission, case investigations underway, no evidence of exposure in large communal setting, e.g., healthcare facility, school, mass gathering.	Widespread and/or sustained transmission with high likelihood or confirmed exposure within communal settings with potential for rapid increase in suspected cases.	Large scale community transmission, healthcare staffing significantly impacted, multiple cases within communal settings like healthcare facilities, schools, mass gatherings etc.
<ul style="list-style-type: none"> <li>• Continue contact tracing, monitor and observe contacts as advised in guidance to maximize containment around cases.</li> <li>• Isolation of confirmed COVID-19 cases until no longer considered infectious according to guidance.</li> <li>• For asymptomatic close contacts exposed to a confirmed COVID-19 case, consideration of movement restrictions based on risk level, social distancing.</li> <li>• Monitoring close contacts should be done by jurisdictions to the extent feasible based on local priorities and resources.</li> <li>• Encourage HCP to develop phone triage and telemedicine practices.</li> <li>• Test individuals with signs and symptoms compatible with COVID-19.</li> <li>• Determine methods to streamline contact tracing through simplified data collection and surge if needed (resources including staffing through colleges and other first responders, technology etc.).</li> </ul>	<ul style="list-style-type: none"> <li>• May reduce contact tracing if resources dictate, prioritizing to those in high-risk settings (e.g., healthcare professionals or high-risk settings based on vulnerable populations or critical infrastructure).</li> <li>• Encourage HCP to more strictly implement phone triage and telemedicine practices.</li> <li>• Continue COVID-19 testing of symptomatic persons; however, if testing capacity limited, prioritize testing of high-risk individuals.</li> </ul>	<ul style="list-style-type: none"> <li>• May reduce contact tracing if resources dictate, prioritizing to those in high-risk settings (e.g., healthcare professionals or high-risk settings based on vulnerable populations or critical infrastructure).</li> <li>• Encourage HCP to more strictly implement phone triage and telemedicine practices.</li> <li>• Continue COVID-19 testing of symptomatic persons; however, if testing capacity limited, prioritize testing of high-risk individuals.</li> </ul>



## Appendix A: Underlying medical conditions that may increase the risk of serious COVID-19 for individuals of any age.

- **Blood disorders** (e.g., sickle cell disease or on blood thinners)
- **Chronic kidney disease** as defined by your doctor. Patient has been told to avoid or reduce the dose of medications because kidney disease, or is under treatment for kidney disease, including receiving dialysis
- **Chronic liver disease** as defined by your doctor. (e.g., cirrhosis, chronic hepatitis) Patient has been told to avoid or reduce the dose of medications because liver disease or is under treatment for liver disease.
- **Compromised immune system (immunosuppression)** (e.g., seeing a doctor for cancer and treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications, HIV or AIDS)
- **Current or recent pregnancy** in the last two weeks
- **Endocrine disorders** (e.g., diabetes mellitus)
- **Metabolic disorders** (such as inherited metabolic disorders and mitochondrial disorders)
- **Heart disease** (such as congenital heart disease, congestive heart failure and coronary artery disease)
- **Lung disease** including asthma or chronic obstructive pulmonary disease (chronic bronchitis or emphysema) or other chronic conditions associated with impaired lung function or that require home oxygen
- **Neurological and neurologic and neurodevelopment conditions** [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury].



# Exhibit C

By Cynthia Weiss

## COVID-19: Tips for people with neurologic issues, such as epilepsy and seizure disorders



Though patients with chronic neurologic conditions like epilepsy (<https://www.mayoclinic.org/diseases-conditions/epilepsy/symptoms-causes/syc-20350093>) are not at increased risk to contract COVID-19, they are more susceptible to increased seizures as a result of growing stress and anxiety over the pandemic.

"We know that stress increases the environment for seizures to occur," says Dr. Joseph Sirven (<https://www.mayoclinic.org/biographies/sirven-joseph-i-m-d/bio-20054078>), a Mayo Clinic neurologist. "So with all that's going on in the world, one can be at increased risk for seizures (<https://www.mayoclinic.org/diseases-conditions/seizure/symptoms-causes/syc-20365711>)."

Dr. Sirven shares three recommendations to help patients with epilepsy or seizure disorders:

1. **Reduce stress.**

To reduce stress (<https://www.mayoclinic.org/tests-procedures/stress-management/about/pac-20384898>), Dr. Sirven advises limiting news to twice daily and taking time for relaxation.

2. **Create a seizure action plan.**

"I suggest that you talk to your neurologist or other provider, and develop a seizure action plan," says Dr. Sirven. "That means figuring out in advance when should you call 911, when should you call the physician or provider about it, and when should you worry?"

3. **Have all your medication on hand — both what you need for daily use and to aid in reducing stress.**

"This may be the time to do the three-month prescription refill plan so that you have plenty of medication regardless and you don't have to call anyone for any urgent refills of those prescriptions."

Watch: Dr. Sirven discusses neurological issues and COVID-19 (<https://www.youtube.com/watch?v=WBLx6amgpxg>).

Dr. Joseph Sirven - Tips for managing seizures, migraines and stress



**Journalists: Broadcast-quality sound bites with Dr. Sirven are in the downloads at the end of the post. Please courtesy "Joseph Sirven, M.D. / Neurology / Mayo Clinic."**

For more information about COVID-19 and epilepsy, visit the Epilepsy Foundation (<https://www.epilepsy.com/>) of America and view a Facebook discussion ([https://www.facebook.com/EpilepsyFoundationofAmerica/?\\_\\_tn\\_\\_=%2Cd%2CP-R&eid=ARBCNEf-SInG8fcivb4-6IfvNHBi1-fvnMxH5AW3rJiY0JHocAr-U4Joxsjx8W8X0TMYmH0pf0tWG0Yh](https://www.facebook.com/EpilepsyFoundationofAmerica/?__tn__=%2Cd%2CP-R&eid=ARBCNEf-SInG8fcivb4-6IfvNHBi1-fvnMxH5AW3rJiY0JHocAr-U4Joxsjx8W8X0TMYmH0pf0tWG0Yh)) with Dr. Sirven.

---

**For the latest updates on the COVID-19 pandemic, check the CDC (<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>) website. For more information and COVID-19 coverage, go to the Mayo Clinic News Network (<https://newsnetwork.mayoclinic.org/category/covid-19/>) and [mayoclinic.org \(https://www.mayoclinic.org/coronavirus-covid-19?\\_ga=2.47719663.932678200.1586011351-1899011583.1586011351\)](https://www.mayoclinic.org/coronavirus-covid-19?_ga=2.47719663.932678200.1586011351-1899011583.1586011351).**

**##infectious diseases** (<https://newsnetwork.mayoclinic.org/tag/infectious-diseases/>)    **##Newsapp** (<https://newsnetwork.mayoclinic.org/tag/newsapp/>)

**#coronavirus disease 2019** (<https://newsnetwork.mayoclinic.org/tag/coronavirus-disease-2019/>)

**#COVID-19** (<https://newsnetwork.mayoclinic.org/tag/covid-19/>)    **#daily** (<https://newsnetwork.mayoclinic.org/tag/daily/>)

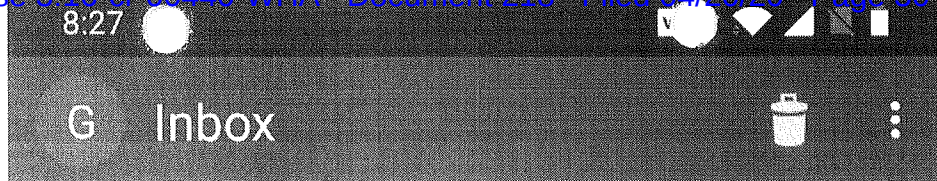
**#Dr. Joseph Sirven** (<https://newsnetwork.mayoclinic.org/tag/dr-joseph-sirven/>)    **#Epilepsy** (<https://newsnetwork.mayoclinic.org/tag/epilepsy/>)

**#MayoClinicFL** (<https://newsnetwork.mayoclinic.org/tag/mayoclinicfl/>)    **#Migraine Headaches** (<https://newsnetwork.mayoclinic.org/tag/migraine-headaches/>)

**#neurological issues** (<https://newsnetwork.mayoclinic.org/tag/neurological-issues/>)    **#seizures** (<https://newsnetwork.mayoclinic.org/tag/seizures/>)

# **Exhibit D**





It is my medical opinion that you should not travel while the shelter in place orders are in effect during this pandemic. You have experienced a medical event and this is being investigated with tests.

Dr. Desai

----- Message -----

From: Ganesh Krishnan

Sent: 4/13/2020 11:09 AM PDT

To: Nayan P Desai, MD

Subject: RE: Need summary for my last visit

Thank you Dr. Desai

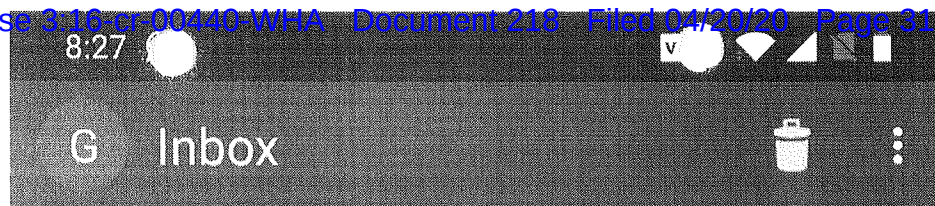
I am being asked to testify at a government trial during the first week of May regardless of whether the shelter in place orders are in place or not. Given the current pandemic and my ongoing diagnosis, I am terrified and extremely stressed to be in public gatherings until things get cleared up.

As a result I am asking the judge to allow me to testify via video conference.

Given my current diagnosis, are you able to reply to this note and recommend that I avoid public gatherings given the unknowns about the pandemic and my ongoing diagnosis atleast until the shelter in place orders are lifted?

Thanks for your help  
Ganesh





----- Message -----

From: Ganesh Krishnan  
Sent: 4/13/2020 12:57 PM PDT  
To: Nayan P Desai, MD  
Subject: RE: Need summary for my last visit

Thanks Dr. Desai.

The trial is in SF so it's in the area (will need to drive there though) but from what I gather from your note, I should also avoid social gatherings during the pandemic as my condition is being diagnosed correct?

Thanks  
Ganesh

----- Message -----

From: Nayan P Desai, MD  
Sent: 4/13/20 12:50 PM  
To: Ganesh Krishnan  
Subject: RE: Need summary for my last visit

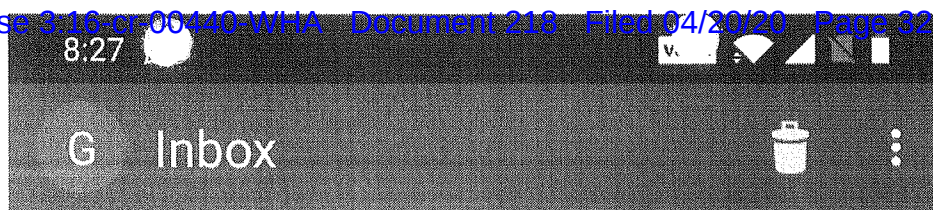
Dear Mr. Krishnan,

It is my medical opinion that you should not travel while the shelter in place orders are in effect during this pandemic. You have experienced a medical event and this is being investigated with tests.

Dr. Desai







**Nayan P Desai, MD**

RE: Need summary for my last visit

4/13/20 1:25 PM

Visible To: Me

Dear Mr. Krishnan,

Yes please avoid social gatherings too.

Dr. Desai

----- Message -----

From: Ganesh Krishnan

Sent: 4/13/2020 12:57 PM PDT

To: Nayan P Desai, MD

Subject: RE: Need summary for my last visit

Thanks Dr. Desai.

The trial is in SF so it's in the area (will need to drive there though) but from what I gather from your note, I should also avoid social gatherings during the pandemic as my condition is being diagnosed correct?

Thanks  
Ganesh

----- Message -----

F  
S  
To: Ganesh Krishnan  
Subject: RE: Need summary for my last visit



REPLY TO THE MESSAGE

**UNDER SEAL**

1 KEKER, VAN NEST & PETERS LLP  
2 LAURIE CARR MIMS - # 241584  
lmims@keker.com  
3 FRANCO MUZZIO - # 310618  
fmuzzio@keker.com  
4 DEEVA SHAH - # 319937  
dshah@keker.com  
5 633 Battery Street  
San Francisco, CA 94111-1809  
6 Telephone: 415 391 5400  
Facsimile: 415 397 7188

7 Attorneys for Witness LinkedIn

8 UNITED STATES DISTRICT COURT  
9 NORTHERN DISTRICT OF CALIFORNIA  
10 SAN FRANCISCO DIVISION

11 UNITED STATES OF AMERICA,

12 Plaintiff,

13 v.

14 YEVGENIY ALEKSANDROVICH  
15 NIKULIN,

16 Defendant.

Case No. CR 16-00440 WHA

**DECLARATION OF GANESH  
KRISHNAN IN SUPPORT OF MOTION  
TO MODIFY TRIAL SUBPOENA**

Judge: Hon. William H. Alsup

Date Filed: October 4, 2016

17  
18  
19  
20  
21  
22  
23  
24 MAY NOT BE EXAMINED WITHOUT COURT ORDER—CONTAINS MATERIAL FROM  
25 CONDITIONALLY SEALED RECORD  
26  
27  
28